

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Chemical Dependency Treatment - Rule 31 - 20121004					
		PHYSICAL PLANT					
		All Programs					
	9530.6470, Subp. 2	The Grievance Procedure was posted in a place visible to clients.					
	245A.65, Subd. 2,(a),(6)	Program Abuse Prevention Plan: A copy of the program abuse prevention plan was posted in a prominent location in the program and was available upon request to mandated reporters, persons receiving services, and legal representatives.					
	245A.65, Subd. 1,(d)	Vulnerable Adult Maltreatment Reporting Policies and Procedures: A copy of the internal and external reporting policies and procedures, including the phone number of the common entry point, was posted in a prominent location in the program. The policy was available upon request to mandated reporters, persons receiving services, and the person's legal representative.					
	9530.6465, Subp. 1	Service Initiation Criteria was either posted in the area of the facility where services for clients were initiated, or given to all interested persons upon request.					
		Residential treatment Programs					
	9530.6505, Subp. 2	Visitors Policy: The license holder must post a notice of visiting rules and hours including both day and evening hours.					
	9530.6505, Subp. 4	The license holder must have the appropriate license from the Department of Health.					
		Programs Serving Clients with Children					
	9530.6490, Subp. 1	License holders providing room and board for clients and their children must have an appropriate facility license from the Minnesota Department of Health.					
		POLICY, PROCEDURE AND PRACTICES					
		Policy & Procedure Book					
	245A.04, Subd. 14,(a)	The license holder shall develop program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules.					
	9530.6455,	The license holder must develop a written policy and procedure manual which is immediately accessible to staff, consumers of services, and other authorized parties.					

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	245A.04, Subd. 14,(c)	The policy and procedure manual must be indexed with a table of contents or another method approved by the commissioner.					
	9530.6455, A	The manual must contain assessment and treatment planning policies, which include screening for mental health concerns, and the inclusion of treatment objectives related to identified mental health concerns in the client's treatment plan.					
		All Programs - Service Initiation And Service Termination					
	9530.6465, Subp. 1	There must be a written service initiation policy that contains:					
	9530.6465, Subp. 1	service initiation preferences that comply with this rule and the Code of Federal Regulations, title 45, part 96.131 (Programs must give preference to treatment as follows: (1)Pregnant injecting drug users; (2)Pregnant substance abusers;(3)Injecting drug users; and (4)All others; and					
	9530.6465, Subp. 1	specific service initiation criteria.					
	9530.6465, Subp. 1	Titles of all staff members authorized to initiate services for clients were listed in the service initiation and termination policies.					
	9530.6465, Subp. 1	There must be a written service initiation policy that is posted or given to all interested persons upon request. PRACTICE					
	9530.6465, Subp. 1	The license holder must not initiate services for individuals who did not meet the service initiation criteria. PRACTICE					
	9530.6465, Subp. 2,A	Individuals not served by the license holder: When terminating services or denying treatment service initiation to clients for reasons of health, behavior, or criminal activity, the license holder must have and comply with a written protocol for assisting clients in need of care not provided by the license holder, and for clients who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the staff.					
	9530.6465, Subp. 2,A	All service terminations and denials of service initiation which pose an immediate threat to the health of any individual or require immediate medical intervention must be referred to a medical facility capable of admitting the individual.					

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	9530.6465, Subp. 2,B	All service termination policies and denials of service initiation that involved the commission of a crime against a license holder's staff member or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12 (c)(5), and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.					
	9530.6465, Subp. 3	Service termination and transfer policies: There must be a written policy specifying the conditions under which clients must be discharged. The policy must include:					
	9530.6465, Subp. 3,A	procedures for individuals whose services have been terminated under subpart 2;					
	9530.6465, Subp. 3,B	a description of client behavior that constitutes reason for a staff-requested service termination and a process for providing this information to clients;					
	9530.6465, Subp. 3,C	procedures consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff must follow when a client admitted under Minnesota Statutes, chapter 253B, is to have services terminated;					
	9530.6465, Subp. 3,D	procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others;					
	9530.6465, Subp. 3,E	procedures for communicating staff-approved service termination criteria to clients, including the expectations in the client's individual treatment plan according to part 9530.6425; and					
	9530.6465, Subp. 3,F	titles of staff members authorized to terminate client services must be listed in the service initiation and termination policies.					
		All Programs - Client Rights					
	9530.6455, E	The manual must contain policies and procedures that protect client rights as required under part 9530.6470.					
	9530.6470, Subp. 1	Clients have the rights identified in Minnesota Statutes, sections 148F.165, and 253B.03(253B.03 is only required for committed clients). (Also see Client File section)					
	9530.6470, Subp. 2	The Grievance Procedure must be made available to clients and former clients upon request; PRACTICE					

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	9530.6470, Subp. 2,A	The Grievance Procedure must: require that staff help the client develop and process a grievance;					
	9530.6470, Subp. 2,B	require that telephone numbers and addresses of _____ the Department of Human Services, licensing division; _____ the Office of Ombudsman for Mental Health and Developmental Disabilities; and _____ the Minnesota Board of Behavioral Health and Therapy (for alcohol and drug counselor licensing issues), be made available to clients; (note: if the license holder has an SLF license, the phone number for the office of health facilities complaints must also be available to clients)					
	9530.6470, Subp. 2,C	require that the license holder is obligated to respond to the client's grievance within three days of a staff member's receipt of the grievance; and					
	245A.04, Subd. 1,(d)	permit the client to bring the grievance to the highest level of authority in the program if not resolved by other staff members.					
	9530.6470, Subp. 3	Photographs of client. All photographs, video tapes, and motion pictures of clients taken in the provision of treatment services must be considered client records. If photographs for identification and recordings by video and audio tape for enhancing either therapy or staff supervision are required of clients, they may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography, except as authorized by this subpart.					
	Residential Treatment Programs Only - Additional Client Rights						
	9530.6470, Subp. 1	Client rights: Clients have the rights identified in Minnesota Statutes 144.651 (except subdivision 28 and 29).					
	9530.6505, Subp. 2	Visitors: Clients must be allowed to receive visitors at times prescribed by the license holder. A client's right to receive visitors may be subject to visiting hours established by the license holder for all clients.					
	9530.6505, Subp. 2	Clients must be allowed to receive visits at all reasonable times from their personal physicians, religious advisors, county case managers, parole or probation officers, and attorneys.					
	9530.6505, Subp. 2	The treatment director or designee may impose limitations as necessary for the welfare of a client provided that the limitations and the reasons for them were documented in the client's file.					

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	9530.6505, Subp. 3,A	In the course of client property management, the license holder: may establish policies regarding the use of personal property to assure that treatment activities and the rights of other patients are not infringed;					
	9530.6505, Subp. 3,B	may take temporary custody of property for violation of facility policies;					
	9530.6505, Subp. 3,C	must retain the client's property for a minimum of seven days after discharge if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and					
	9530.6505, Subp. 3,D	must return all property held in trust to the client upon service termination regardless of the client's service termination status, except:					
	9530.6505, Subp. 3,D,(1)	drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section 609.5316, were destroyed by staff or given over to the custody of a local law enforcement agency, according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations Title 45, parts 160 to 164.					
	9530.6505, Subp. 3,D,(2)	weapons, explosives, and other property which can cause serious harm to self or others were given over to the custody of a local law enforcement agency, and the client was notified of the transfer and of the right to reclaim any lawful property transferred; and					
	9530.6505, Subp. 3,D,(3)	medications that were determined by a physician to be harmful after examining the client, except when the client's personal physician approved the medication for continued use.					
		Programs serving clients with children - Supervision Requirements					
	9530.6490, Subp. 2	Supervision of children: a caregiver was within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver could intervene to protect the health and safety of the child.					
	9530.6490, Subp. 2	Supervision of children: For the school age child a caregiver was available to help and care for the child so that the child's health and safety was protected.					

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	9530.6490, Subp. 3,A	Policy and schedule requirements: the license holder had a policy and schedule delineating the times and circumstances under which the license holder is responsible for supervision of children in the program and when the child's parents are responsible for child supervision. The policy explained how the program would communicate its policy about child supervision responsibility to the parents; and					
	9530.6490, Subp. 3,B	Policy and schedule requirements: the license holder had written procedures addressing the actions to be taken by staff if children are neglected or abused including while the children are under the supervision of their parents.					
	9530.6490, Subp. 4,A	Additional licensing requirements. During the times the license holder was responsible for the supervision of children, the license holder met the following standards: child and adult ratios in part 9502.0367;					
	9530.6490, Subp. 4,B	day care training for staff as required in part 9502.0385; [The training conducted under 245A.1444 may be used to fulfill these requirements (training on SIDS and Shaken Babies)]					
	9530.6490, Subp. 4,C	behavior guidance in part 9502.0395;					
	9530.6490, Subp. 4,D	activities and equipment in part 9502.0415;					
	9530.6490, Subp. 4,E	physical environment in part 9502.0425; and					
		All Programs - Treatment Services					
	9530.6430, Subp. 1,A	The license holder must offer the following treatment services unless clinically inappropriate and the justifying clinical rationale is documented (The description of treatment services must include how each of the treatment services is provided):					
	9530.6430, Subp. 1,A,(1)	individual and group counseling to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after discharge;					

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	9530.6430, Subp. 1, A,(2)	client education strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in lifestyle to regain and maintain health. Client education included information concerning the human immunodeficiency virus, according to Minnesota Statutes, section 245A.19_____; other sexually transmitted diseases_____; drug and alcohol use during pregnancy_____; hepatitis_____; and tuberculosis_____; (Note: information must be verbally reviewed with clients. Handing clients this information does not qualify as education.)					
	9530.6430, Subp. 1, A,(3)	transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the license holder's staff for support; and					
	9530.6430, Subp. 1, A,(4)	services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from substance use disorder.					
	9530.6430, Subp. 1, A,(4)	Groups must address co-occurring mental illness issues, as needed. When treatment for mental health problems is indicated, it is integrated into the client's treatment plan.					
	9530.6430, Subp. 1,A,(5)	Service coordination to help the client obtain the services and support the client needs to establish a lifestyle free of the harmful effects of substance use disorder.					
	9530.6430, Subp. 1,B	Treatment services provided to individual clients must be provided according to the individual treatment plan and address cultural differences and special needs of all clients. PRACTICE					
	9530.6455	The manual must contain the following materials:					
	9530.6455, J	a description of treatment services including the amount and type of client services provided;					
	9530.6455, K	the methods used to achieve desired client outcomes; and					
	9530.6455, L	the hours of operation and target population served.					
	9530.6430, Subp. 4	Location of service provision: a client of a license holder may only receive services at any of the license holder's licensed locations or at the client's home except that services under subpart 1, item A, subitems (3) and (5) and subpart 2, items B and E maybe provided in another suitable location. PRACTICE					

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		All Programs - Additional Treatment Services					
	9530.6430, Subp. 2, A	A license holder may provide or arrange the following additional treatment services as part of the individual treatment plan:					
	9530.6430, Subp. 2,A	relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder;					
	9530.6430, Subp. 2,B	therapeutic recreation, to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals; (Note:Therapeutic recreation does not include planned leisure activities.)					
	9530.6430, Subp. 2,C	stress management and physical well-being to help the client reach and maintain an acceptable level of health, physical fitness, and well-being;					
	9530.6430, Subp. 2,D	living skills development to help the client learn basic skills necessary for independent living;					
	9530.6430, Subp. 2,E	employment or educational services to help the client become financially independent;					
	9530.6430, Subp. 2,F	socialization skills development to help the client live and interact with others in a positive and productive manner; and					
	9530.6430, Subp. 2,G	room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills.					
		Specialized CD/MH - Treatment Services					
	9530.6495, G	The program must: have available program materials adapted to individuals with mental health problems;					
	9530.6495, H	have policies that provide flexibility for clients who lapse in treatment or may have difficulty adhering to established treatment rules as a result of mental illness, with the goal of helping clients successfully complete treatment; and					
	9530.6495, I	have individual psychotherapy and case mangement available during the treatment process.					

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		All Programs - Health Care Services					
	9530.6435, Subp. 1 and 9530.6455, F	Health care services description: The license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the license holder.					
	9530.6435, Subp. 1a	The applicant or license holder must have written procedures for obtaining medical interventions when needed for a client, that are approved in writing by a physician who is licensed under Minnesota Statutes, Chapter 147 unless:					
	9530.6435, Subp. 1a,A	The license holder does not provide services under part 9530.6505; and					
	9530.6435, Subp. 1a,B	all medical interventions are referred to 911, the emergency telephone number, or the client's physician.					
	9530.6435, Subp. 2	Consultation services: The license holder must have access to and document the availability of a licensed Mental Health Professional to provide diagnostic assessment and treatment planning assistance.					
	245A.19, (a) and 9530.6455, B	HIV Policies and Procedures. The license holder must demonstrate compliance with HIV minimum standards AS EVIDENCED BY TIP 37 AND THE MN ADDENDUM.					
	245A.19, (c)	The license holder must maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referrals must be updated annually. PRACTICE					
	245A.19, (d)	The license holder must develop and follow written policies and procedures, consistent with HIV minimum standards which include: HIV education once per treatment cycle_____; including an explanation of the nature and action of HIV_____; facts about transmission_____; and personal risk reduction strategies_____; Infection control procedures_____; Confidentiality of the client's HIV status_____; Information about HIV testing_____; non-discrimination towards clients with HIV_____.					
	9530.6455, C	Tuberculosis: The license holder must have written policies and procedures describing the methods and resources used by the license holder to: provide information on tuberculosis and tuberculosis screening to all clients_____; and report known cases of tuberculosis infection according to Minnesota Statutes, section 144.4804_____.					

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		Programs that Administer and/or Assist With Self Administration Of Medication - Health Care Services					
	9530.6435, Subp. 3,B	Policies and procedures for medication administration or assistance with self administration of medication or both: must be developed by a registered nurse, and must include the following provisions: (Also see under P/P section - additional staffing requirements)					
	9530.6435, Subp. 3,B,(1)	delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;					
	9530.6435, Subp. 3,B,(2)	each client's file must include documentation indicating whether staff will be administering medication or the client will be doing self-administration or a combination of both;					
	9530.6435, Subp. 3,B,(3)	clients may carry emergency medication such as nitroglycerin as instructed by their physician;					
	9530.6435, Subp. 3,B,(4)	a provision for medication to be self-administered when a client is scheduled not to be at the facility;					
	9530.6435, Subp. 3,B,(5)	if medication is to be self-administered at a time when the client is present in the facility, medication will be self-administered under observation of a trained staff person;					
	9530.6435, Subp. 3,B,(6)	when a license holder serves clients who are parents with children, the parent may only administer medication to the child under staff supervision;					
	9530.6435, Subp. 3,B,(7)	requirements for recording the client's use of medication, including staff signatures with date and time;					
	9530.6435, Subp. 3,B,(8)	guidelines for when to inform a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions or errors; and					
	9530.6435, Subp. 3,B,(9)	procedures for acceptance, documentation and implementation of prescriptions, whether written verbal, telephonic or electronic.					
	9530.6435, Subp. 4,A	Control of drugs: The license holder must have and implement written policies and procedures developed by a registered nurse that contain the following provisions: a requirement that all drugs are stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, are stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;					

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	9530.6435, Subp. 4,B	a system which accounts for all scheduled drugs each shift;					
	9530.6435, Subp. 4,C	a procedure for recording the client's use of medication, including the signature of the administrator of the medication with the time and date;					
	9530.6435, Subp. 4,D	a procedure for destruction of discontinued, outdated or deteriorated medications;					
	9530.6435, Subp. 4,E	a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and					
	9530.6435, Subp. 4,F	statement that no legend drug supply for one client will be given to another client.					
		Residential Treatment Programs - Add'l Health Services Requirements					
	9530.6505, Subp. 7	The license holder must have written procedures for assessing and monitoring client health, including a standardized data collection tool for collecting health related information about each client. The policies and procedures must be approved and signed by a registered nurse.					
	9530.6505, Subp. 8	License holders who provide residential services must meet the administration of medications requirements of part 9530.6435, Subp. 3.					
		All Programs - Behavioral Emergency Policy and Procedure Requirements					
	9530.6455, G	The license holder's policy and procedures manual contained emergency procedures that comply with part 9530.6475.					
	9530.6475, A,(1)	Behavioral Emergency Procedures: The license holder must have written procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others.					
	9530.6475, A,(1)	The emergency procedures must include: a plan designed to prevent the client from hurting themselves or others;					
	9530.6475, A,(2)	contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the procedures established in the plan;					
	9530.6475, A,(3)	types of procedures that may be used;					

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	9530.6475, A,(4)	circumstances under which emergency procedures may be used; and					
	9530.6475, A, 5	staff members authorized to implement emergency procedures.					
	9530.6475, B	Behavioral Emergency Procedures: must not be used to enforce facility rules or for the convenience of staff; PRACTICE					
	9530.6475, B	must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. PRACTICE					
	9530.6475, B	may not include seclusion or restraint. PRACTICE					
		Methadone Programs Only					
	9530.6500, Subp. 2	Capacity management and waiting list system compliance: Each week, the program must report its capacity, current enrolled dosing clients, and any waiting list. PRACTICE					
	9530.6500, Subp. 2	The program must notify the department within 7 days of when the program reached both 90 and 100 percent of the program's capacity to care for clients. PRACTICE					
	9530.6500, Subp. 2	The program must also notify the department when its census has increased or decreased from the 90 percent level.PRACTICE					
	9530.6500, Subp. 3	Waiting List System. The license holder must have a waiting list system. PRACTICE					
	9530.6500, Subp. 3	Each person seeking admission must be placed on the waiting list if the person cannot be admitted within 14 days of the date of the application, unless the applicant is assessed by the program and found not to be eligible for admission according to parts 9530.6405 to 9530.6505, and Code of Federal Regulations, title 42,part 1, subchapter A, section 8.12(e) and Code of Federal Regulations, title 45, parts 160 to 164. PRACTICE					
	9530.6500, Subp. 3	The waiting list must assign a unique patient identifier for each intravenous drug abuser seeking treatment while awaiting admission; PRACTICE					
	9530.6500, Subp. 3	An applicant on a waiting list who receives no services under 9530.6430, subpart 1 must not be considered a "client" as defined in part 9530.6405, subpart 8. PRACTICE					

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	9530.6500, Subp. 4	Client Referral: The program must consult the capacity management system so that persons on waiting lists are admitted at the earliest time to a program providing appropriate treatment within a reasonable geographic area.PRACTICE					
	9530.6500, Subp. 4	Client Referral: If the patient has been referred through a public payment system and if the program is not able to serve the client within 14 days of the date of application for admission, the program must contact and inform the referring agency of any available treatment capacity listed in the state capacity management system. PRACTICE					
	9530.6500, Subp. 5,A	Outreach: The program must carry out activities to encourage individuals in need of treatment to undergo treatment. The program's outreach model: must select, train and supervise outreach workers; PRACTICE					
	9530.6500, Subp. 5,B	must contact, communicate and follow up with high risk substance abusers, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements, including Code of Federal Regulations, title 42, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164. PRACTICE					
	9530.6500, Subp. 5,C	must promote awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV; and PRACTICE					
	9530.6500, Subp. 5,D	must recommend steps that can be taken to ensure that HIV transmission does not occur.PRACTICE					
	245A.04, Subd. 14	The license holder had a diversion control policy as required by Code of Federal Regulations Title 42, chapter 1, part 8, section 8.12.PRACTICE					
	245A.04, Subd. 14, (b), (3)	The license holder monitored implementation of diversion control policies and procedures by program staff. PRACTICE					
		Vulnerable Adults: Program Abuse Prevention Plan					
	245A.65, Subd. 2,(a),(1)	The Program Abuse Prevention Plan included a population assessment which identified factors which may encourage or permit abuse, including: Age,					
	245A.65, Subd. 2,(a),(1)	Gender,					
	245A.65, Subd. 2,(a),(1)	Mental Functioning,					

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	245A.65, Subd. 2,(a),(1)	Physical & emotional health or behavior of clients;					
	245A.65, Subd. 2,(a),(1)	Need for specialized programs of care for clients;					
	245A.65, Subd. 2,(a),(1)	Need for staff training to meet identified individual needs of the clients; and					
	245A.65, Subd. 2,(a),(1)	Knowledge a LH may have regarding previous abuse that is relevant to minimizing risk of abuse for clients.					
	245A.65, Subd. 2,(a),(2)	The physical plant assessment included an evaluation of: Condition and design of the building as it relates to the safety of the clients; and					
	245A.65, Subd. 2,(a),(2)	Existence of areas in the building which are difficult to supervise.					
	245A.65, Subd. 2,(a),(3)	The assessment of the environment included an avaluation of: Location of the program in a particular neighborhood or community;					
	245A.65, Subd. 2,(a),(3)	Type of grounds and terrain surrounding the building;					
	245A.65, Subd. 2,(a),(3)	Type of internal programming; and					
	245A.65, Subd. 2,(a),(3)	Program's staffing patterns.					
	626.557, Subd. 14,(a)	The assessment identified factors which may encourage or permit abuse.					
	626.557, Subd. 14,(a)	There was a statement of specific measures to be taken to minimize the risk of abuse.					
	245A.65, Subd. 2,(a),(5)	The license holder's governing body reviewed the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. (PRACTICE - Must be documented)					
		Vulnerable Adults: Maltreatment Reporting Policies and Procedures					
	9530.6455, I anc 245A.65, Subd. 1,(a)	The LH had a policy allowing, but not mandating, internal reporting of alleged or suspected maltreatment.					
	245A.65, Subd. 1,(a),(2)	The policy must include the primary and secondary person or position to whom internal reports may be made, and					

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	245A.65, Subd. 1,(a),(2)	The primary and secondary person or position responsible for forwarding internal reports to the common entry point.					
	245A.65, Subd. 1,(a),(2)	The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.					
	245A.65, Subd. 1,(b),(1)	The policy must include that an internal review is completed and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.					
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;					
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;					
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;					
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;					
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.					
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.					
	245A.65, Subd. 1,(b),(2)	The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.					
	245A.65, Subd. 1,(b),(2)	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;					
	245A.65, Subd. 1,(b),(3)	The LH must document and make internal reviews accessible to the commissioner upon the commissioner's request. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	626.557, Subd. 3,(a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.					
	626.557, Subd. 4a,(b)	The procedure included that reporters are informed about whether the facility reported the incident to the common entry point: in writing					
	626.557, Subd. 4a,(b)	Within two working days;					
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.					
	626.557, Subd. 4a,(c)	The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.					
	626.557, Subd. 4a,(d)	A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.					
	626.5572,	If the LH's reporting policy and procedure included definitions of maltreatment or referenced the definitions, they were attached and were consistent with the current statute language. The current statute language is available at http://www.revisor.leg.state.mn.us					
		Vulnerable Adults: Maltreatment - Review of Internal Reporting Practices (use this section to review actual notice to reporter and internal review)					
	626.557, Subd. 4a,(b)	If the facility received an internal report of suspected maltreatment, the following internal reporting procedures will be reviewed: WRITTEN NOTICE TO MANDATED REPORTER: the reporter was given written notice stating whether the facility reported the incident to the common entry point;					
	626.557, Subd. 4a,(b)	In writing;					
	626.557, Subd. 4a,(b)	Within two working days; and					
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	626.557, Subd. 4a,(c)	AND the written notice included a statement that if the mandated reporter was not satisfied with the action taken by the facility on whether to report the incident to the CEP, then the mandated reporter may report externally.					
	245A.65, Subd. 1,(b),(1)	INTERNAL REVIEW: When the facility had an internal report, or knew of an external report of alleged or suspected maltreatment an internal review was completed; AND included an evaluation of the following:					
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;					
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;					
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;					
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved; and					
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.					
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.					
		All Programs-Maltreatment of Minors Reporting Policies and Procedures					
	9530.6455, I and 626.556	Maltreatment of Minors: The policy and procedure manual must contain procedures for reporting maltreatment of minors under Minnesota Statutes, section 626.556, subdivision 3, (a) and (c). ([a] a person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff;) and					
	9530.6455, I and 626.556	([c] a person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the Department of Human Services, which is the the agency responsible for licensing the facility.)					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Additional Maltreatment of Minors Internal Review Requirements (Only Required for Programs that Serve Children)					
	245A.66,	Except for family child care setting and foster care for children in the license holder' residence, license holders serving children shall: (1) establish and maintain policies and procedures to ensure that an internal review is completed and					
	245A.66,	that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. (Also required by 9530.6455, I)					
	245A.66	The review must include an evaluation of whether: (i)related policies and procedures were followed;					
	245A.66,	(ii) the policies and procedures were adequate;					
	245A.66,	(iii) there is a need for additional staff training;					
	245A.66,	(iv) the reported event is similar to past events with the children or the services involved; and					
	245A.66,	(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.					
	245A.66,	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;					
	245A.66,	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.					
	245A.66,	The secondary person shall be involved when there is reason to believe that the primary person was invloved in the alleged or suspected maltreatment;					
	245A.66,	(3) The license holder must document that the internal review has been completed and					
	245A.66,	provide documentation showing the review was completed to the commissioner upon the commissioner's request.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.66,	The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.					
		Maltreatment of Minors Internal Review Practices (use this section to review documentation of internal review)					
	245A.66, (1)	The internal review must include an evaluation of whether: (i) related policies and proecures were followed_____; (ii) the policies and procedures were adequate_____; (iii) there is a need for additional staff training_____; (iv) the reported event is similar to past events_____; and (v) there is a need for corrective action_____.					
	245A.66, (1)	When completed as necessary, the license holder developed, documented, and implemented a corrective action plan based on results of the internal review.					
	245A.66, (2)	The license holder identified the primary and secondary person or position who will ensure that internal reviews are completed.					
	245A.66, (3)	Documentation of internal review - When completed as necessary, the license holder documented that an internal review was completed and provided the documentation to the commissioner.					
		All Programs - Personnel Policies					
	9530.6460, Subp. 1 and 9530.6455, D	The license holder must have written personnel policies and make them available to each staff member.					
	9530.6460, Subp. 1,A	Personnel policies must: assure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Department of Health, the Department of Human Services, the ombudsman for mental health and mental retardation, law enforcement, or local agencies for the investigation of complaints regarding a client's rights, health, or safety;					
	9530.6460, Subp. 1,B	contain job descriptions for each position, specifying: responsibilities,					
	9530.6460, Subp. 1,B	the degree of authority to execute job responsibilities,					
	9530.6460, Subp. 1,B	qualifications;					
	9530.6460, Subp. 1,C	The Personnel Policies must: provide for job performance evaluations based on standards of job performance to be conducted on a regular and continuing basis, including a written annual review;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.04, Subd. 1,(c)	The license Holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons being served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.					
	9530.6460, Subp. 1,D	Personnel policies must describe behavior that constitutes grounds for disciplinary action, suspension or dismissal, including:					
	9530.6460, Subp. 1,D	policies that address chemical use problems and that state the timeline requirements for freedom from chemical use problems described in part 9530.6450, subpart 1, A and B. (timeline requires two years for treatment directors, supervisors, nurses, counselors, and other professionals. One year for paraprofessionals and all other staff with direct client contact. The time period begins to run on the date the employee begins receiving treatment services or the date of the last incident.);					
	9530.6460, Subp. 1,D	policies prohibiting personal involvement (sexual contact) with clients or former clients within two years of receiving psychotherapy, in violation of Minnesota Statutes, sections 604.20 through 604.205; and					
	9530.6460, Subp. 1,D	policies prohibiting client abuse as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572.					
	9530.6460, Subp. 1,E	The Personnel Policies must list behaviors or incidents that are considered chemical use problems. The list must include:					
	9530.6460, Subp. 1,E,(1)	receiving treatment for chemical use within the period specified for the position in the staff qualification requirements;					
	9530.6460, Subp. 1,E,(2)	chemical use that has a negative impact on the staff member's job performance;					
	9530.6460, Subp. 1,E,(3)	chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community; and					
	9530.6460, Subp. 1,E,(4)	symptoms of intoxication or withdrawal on the job.					
	9530.6460, Subp. 1,F	The Personnel Policies must include a chart or description of the organizational structure indicating lines of authority and responsibilities;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 1,G	The Personnel Policies must include orientation within 24 working hours of starting for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the staff member was hired, policies and procedures, client confidentiality, HIV minimum standards and client needs; and (Also see Personnel File Section)					
	9530.6460, Subp. 1, H	The Personnel Policies must include policies outlining the license holder's response to staff members with behavior problems that interfere with the provision of treatment services.					
	245A.04, Subd. 13,(d),(1)	Handling client funds and property. License holders and program staff: must not borrow money from a person served by the program; PRACTICE					
	245A.04, Subd. 13,(d),(2)	must not purchase personal items from a person served by the program; PRACTICE					
	245A.04, Subd. 13,(d),(3)	must not sell merchandise or personal services to a person served by the program; PRACTICE					
	245A.04, Subd. 13,(d),(4)	must not require a person served by the program to purchase items for which the license holder is eligible for reimbursement; or PRACTICE					
	245A.04, Subd. 13,(d),(5)	must not use funds of persons served by the program to purchase items for which the facility is already receiving public or private payments. PRACTICE					
		All Programs - Staffing Requirements					
	9530.6445, Subp. 1	The license holder had a Treatment Director. PRACTICE					
	9530.6445, Subp. 2	Alcohol and drug counselor supervisor requirements. The license holder employed an alcohol and drug counselor supervisor who meets the requirements under part 9530.6450, subpart 4. PRACTICE					
	9530.6445, Subp. 2	An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position. PRACTICE					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6445, Subp. 2	If an alcohol and drug counselor was simultaneously an alcohol and drug counselor supervisor or treatment director, that individual was considered a 0.5 full-time equivalent alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 4. PRACTICE					
	9530.6445, Subp. 3	Responsible staff person. The treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment services. A license holder must have a designated staff person during all hours of operation. PRACTICE					
	9530.6445, Subp. 3	A license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day. PRACTICE					
	9530.6445, Subp. 3	The designated staff person must know and understand the implications of parts 9530.6405 to 9530.6505, and Minnesota Statutes 245A.65, 626.556, 626.557, and 626.5572. PRACTICE					
	9530.6445, Subp. 5	Medical emergencies. When clients are present there must be at least one staff person on the premises who has a current American Red Cross (or equivalent) first aid certificate, and at least one staff person on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. One person with both certificates satisfies this requirement. PRACTICE					
	9530.6445, Subp. 4	Counselor staffing requirements: at least 25 percent of a counselor's scheduled work must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties. PRACTICE					
	9530.6445, Subp. 4	Group size: Counseling groups must not exceed an average of 16 clients during any 30 consecutive calendar days. Is is the responsibility of the license holder to determine an acceptable group size based on the client's needs. PRACTICE					
	9530.6445, Subp. 4	The license holder must maintain a record that documents compliance with this subpart. PRACTICE					
		Methadone Programs - Additional Staffing Requirements					
	9530.6445, Subp. 4	A counselor in a program treating intravenous drug abusers must not supervise more than 50 clients. PRACTICE					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Adolescents Programs - Additional Staffing Requirements					
	9530.6485, Subp. 3	Staffing ratios. A counseling group consisting entirely of adolescents must not exceed 16 clients. It is the responsibility of the license holder to determine an acceptable group size based on the needs of the clients. PRACTICE					
		CD/MH Specialized Programs - Additional Staffing Requirements					
	9530.6495, A	In CD/MH specialized programs, the license holder: must demonstrate that staffing levels are appropriate for treating clients substance use disorder and mental health problems, and that there is adequate staff with mental health training; PRACTICE					
	9530.6495, B	must have continuous access to a medical provider with appropriate expertise in prescribing psychotropic medications; PRACTICE					
	9530.6495, D	must determine group size, structure, and content with consideration for the special needs of those with substance use disorder and mental health disorders; and PRACTICE					
	9530.6495, C	must have a mental health professional available for staff supervision and consultation. PRACTICE					
		Programs with Medication Admin or Self Admin - Additional Staffing Requirements					
	9530.6435, Subp. 3,A	the task of administration of medication or assistance with self medication must be delegated by a licensed practitioner, or a registered nurse to qualified staff members. (For purposes of this subpart a licensed practitioner is a physican, physician's assistant or advanced practice registered nurse.)PRACTICE					
	9530.6435, Subp. 3,B	A registered nurse must be employed or contracted to develop policies and procedures for medication administration or assistance with self administration or both.PRACTICE					
	9530.6435, Subp. 3,B	A registered nurse must provide supervision as defined in part 6321.0100 [Supervision - "guidance by a registered nurse for the accomplishment of a function or activity...including monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action."] PRACTICE					
	9530.6435, Subp. 3,B	The registered nurse supervision must include monthly onsite supervision or more often as warranted by client health needs. PRACTICE					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Residential Treatment Programs-Predatory Offender Notification					
	243.166, Subd. 4b,(d)	[(a) For the purposes of this subdivision, "health care facility" means a residential facility licensed under chapter 245A to provide adult mental health treatment or chemical dependency treatment to adults.] If a health care facility receives a fact sheet from law enforcement or a corrections agent that includes a risk level classification for the offender, and if the facility admits the offender, the facility shall distribute the fact sheet to all residents at the facility. If the facility determines that distribution to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall distribute the fact sheet to the patient's next of kin or emergency contact. (NA-DOC CRF)					
		All Programs - Client Record Keeping Practices					
	9530.6455, H	The license holder must have policies and procedures for maintaining client records under part 9530.6440.					
	9530.6440, Subp. 1	The license holder must maintain a file of current client records on the premises where the treatment services are provided or coordinated.					
	9530.6440, Subp. 1	The content and format of client records must be uniform and entries in each case must be signed and dated by the staff member making the entry.					
	9530.6440, Subp. 1	Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164, and, if applicable, Minnesota Statutes, chapter 13.					
	9530.6440, Subp. 2	Records of discharged clients must be retained by the license holder for seven years.					
	9530.6440, Subp. 4	Electronic Records: Prior to using electronic recordkeeping or electronic signatures to to comply with parts 9530.6405 to 9530.6505 the license holder: must provide documentation to the commissioner demonstrating the license holder's use of a system for ensuring security of electronic records, and					
	9530.6440, Subp. 4	obtained written permission from the commissioner.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes			
		All Programs-Evaluation								
	9530.6480, Subp. 1	EVALUATION: The license holder must participate in the drug and alcohol abuse normative evaluation system (DAANES) by submitting information about each client to the commissioner in a format specified by the commissioner. PRACTICE (Check each client file)								
		PERSONNEL FILES								
		All Programs - Background Studies								
	Staff Person Information	Record for each file reviewed, the staff person's name, date of hire, and position.								
	File 1		File 2		File 3		File 4		File 5	
	245C.04, Subd. 1,(c),(3),(iii)	Background Study: The personnel file must contain the notice that the Commissioner conducted a background study that was undertaken and completed on or after October 1, 1995 on:								
	File 1		File 2		File 3		File 4		File 5	
	245C.03, Subd. 1,(a),(3)	current employees or contractors who had direct contact with persons served by the facility, agency, or program;								
	File 1		File 2		File 3		File 4		File 5	
	245C.03, Subd. 1,(a),(4)	volunteers or student volunteers who will have direct contact with persons served by the program to provide program services if the contact is not under the continuous, direct supervision by an individual listed in clause (3);								
	File 1		File 2		File 3		File 4		File 5	

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245C.20,	Each personnel file must contain documentation of the date that a completed background study form was submitted to the commissioner, which was prior to the date that the individual provided service that allowed direct contact with any client.					
	File 1	File 2	File 3	File 4	File 5		
	245C.20,	If the program does not received a response from the commissioner for a background study within 45 days of initiation of the background study request, the licensed program must contact the commissioner to inquire about the status of the study.					
	File 1	File 2	File 3	File 4	File 5		
	245C.13, Subd. 2	Effective July 1, 2005, the subject of a background study may not provide direct contact services unless the subject of the study is under continuous, direct supervision of a supervising program staff person, prior to the license holder receiving either: 1)a BGS clearance, or 2)a notice that more time is needed to complete the background study for the individual and the individual may provide direct contact services while the background study is being completed.					
	File 1	File 2	File 3	File 4	File 5		
	245C.22, Subd. 5	Set Aside of a Disqualification. If the commissioner sets aside a disqualification, the disqualified individual remains disqualified, but may hold a license and have direct contact with or access to persons receiving services. The set aside of a disqualification is limited solely to the licensed program, applicant, or agency specified in the set aside notice, unless otherwise specified in the notice.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		All Programs - Qualifications - Staff with Direct Contact					
	9530.6450, Subp. 1	at least 18 years of age.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 1,A	Freedom from Chemical Use: At the time of hiring: Treatment directors, supervisors, nurses, counselors and other professionals must be free of chemical use problems for at least the two years immediately preceding their hiring and sign a statement attesting to that fact. A chemical use problem for the purposes of this subpart is a problem listed by the license holder in the personnel policies and procedures according to part 9530.6460, Subpart 1, E.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 1,B	Paraprofessionals and all other staff members with direct client contact must be free of chemical use problems for at least one year immediately preceding their hiring and sign a statement attesting to that fact.					
	File 1	File 2	File 3	File 4	File 5		
	All Programs - Treatment Director Qualifications						
	9530.6450, Subp. 3	In addition to meeting the requirements of subpart 1: the treatment director must know and understand the implications of parts 9530.6405 to 9530.6505 (Rule 31), and Minnesota Statutes, chapter 245A (Human Services Licensing Act - HSLA), sections 626.556 (Maltreatment of Minors Act - MOMA), 626.557 (Vulnerable Adults Act - VAA), and 626.5572 (VAA Definitions).					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 3,A	The treatment director: must have at least one year of work experience in direct service to individuals with chemical use problems or one year of work experience in the management or administration of direct service to individuals with chemical use problems; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 3,B	have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services.					
	File 1	File 2	File 3	File 4	File 5		
		All Programs - Alcohol and Drug Counselor Supervisor Qualifications					
	9530.6450, Subp. 4,A	In addition to meeting the requirements of subpart 1, the alcohol and drug counselor supervisor must meet the following qualifications: the individual must be competent in the areas specified in subpart 5;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 4,B	the individual must have three or more years of experience providing individual and group counseling to chemically dependent clients except that, prior to the effective date of parts 9530.6405 to 9530.6590, an individual employed in a program formerly licensed under parts 9530.5000 to 9530.6400 is required to have one or more years experience; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 4,C	the individual knows and understands the implications of parts 9530.6405 to 9530.6505, and Minnesota Statutes, sections 245A, 626.556, and 626.557 and 626.5572.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		All Programs - Alcohol and Drug Counselor Qualifications					
	9530.6450, Subp. 5	In addition to meeting the requirements of subpart 1, the alcohol and drug counselor must document competence in screening for and working with clients with mental health problems, through education, training, and experience.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,A	The alcohol and drug counselor licensed under Minnesota Statutes, chapter 148F, must comply with the rules adopted under Minnesota Statutes, chapter 148F.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(1)	The personnel file of alcohol and drug counselor exempt under Minnesota Statutes, chapter 148F, must contain documentation of competence, as evidenced by one of the following: completion of at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology, or licensure as a registered nurse; successful completion of a minimum of 120 hours of classroom instruction in which each of the core functions listed in Minnesota Statutes, chapter 148F, is covered; and successful completion of 440 hours of supervised experience as an alcohol and drug counselor, either as a student or as a staff member;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(2)	completion of 270 hours of alcohol and drug counselor training in which each of the core functions listed in Minnesota Statutes, chapter 148F, is covered, and successful completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student, or as a staff member;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 5,B,(3)	current certification as an alcohol and drug counselor or alcohol and drug counselor reciprocal, through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainer's Manual, copyright 1993;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(4)	The personnel file of alcohol and drug counselor exempt under Minnesota Statutes, chapter 148F, must contain documentation of competence, as evidenced by one of the following: completion of a bachelor's degree including 480 hours of alcohol and drug counseling education from an accredited school or educational program and 880 hours of alcohol and drug counseling practicum; or					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(5)	employment in a program formerly licensed under parts 9530.5000 to 9530.6400 and successful completion of 6,000 hours of supervised work experience in a licensed program as an alcohol and drug counselor prior to the effective date of parts 9530.6405 to 9530.6590.					
	File 1	File 2	File 3	File 4	File 5		
		Adolescents Programs - Counselor Qualifications					
	9530.6485, Subp. 2, A	In addition to the requirements specified in part 9530.6450, subparts 1 and 5, the personnel file of an alcohol and drug counselor providing treatment services to adolescents must document: an additional 30 hours of classroom instruction or one three-credit semester college course, completed one time only, in adolescent development; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6485, Subp. 2,B	at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.					
	File 1	File 2	File 3	File 4	File 5		
		All Programs - Qualifications for Other Persons Providing Treatment Services					
	9530.6430, Subp. 3	All treatment services, including therapeutic recreation, must be provided by alcohol and drug counselors qualified according to part 9530.6450, unless the individual providing the service is specifically qualified according to accepted standards of that profession. Therapeutic recreation does not include planned leisure activities.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 6	A Paraprofessional must comply with subpart 1 and have knowledge of client rights, outlined in Minnesota Statutes, section 148F.165, and of staff responsibilities.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 7	Volunteers provided treatment services when they were supervised and could be seen or heard by a staff member meeting the criteria in subpart 4 or 5, but did not practice alcohol and drug counseling unless qualified under subpart 5.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 8	Student interns. A qualified staff person must supervise and be responsible for all treatment services performed by the student intern and must review and sign all assessments, progress notes, and treatment plans prepared by the intern. Student interns must meet the requirements in subpart 1, A, and receive the orientation and training required in part 9530.6460, subpart 1, G, and subpart 2.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 9	An individual with a temporary permit from the Board of Behavioral Health and Therapy may provide chemical dependency treatment services under the conditions in either item A or B:					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 9,A	The individual is supervised by a licensed alcohol and drug counselor assigned by the license holder. The licensed alcohol and drug counselor must document the amount and type of supervision at least weekly. The supervision must relate to clinical practices. One licensed alcohol and drug counselor may not supervise more than 3 individuals with temporary permits according to Minnesota Statutes, chapter 148F.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 9,B	The individual is supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of Minnesota Statutes, chapter 148F.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		All Programs - Staff Development Requirements					
	9530.6460, Subp. 3,D	The personnel file must contain documentation of completed orientation and training.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	Orientation must be: received within 24 working hours of starting for all new staff based on a written plan that, at a minimum, must provide for training related to;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	the specific job functions for which the staff member was hired;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	policies and procedures;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	client confidentiality; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	client needs.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.19, (b)	orientation to HIV minimum standards within 72 hours of employment.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	orientation within 72 hours of first providing direct contact services to a vulnerable adult including reporting requirements and definitions in sections 626.557 and 626.5572_____; the requirements of section 245A.65 _____; the license holders program abuse prevention plan _____; and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. _____					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 1,(c)	Drug and Alcohol Policy - The license holder must provide training to employees, subcontractors, and volunteers about the program's drug and alcohol policy.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	Annual Training. Each staff person received annual training to VULNERABLE ADULTS MALTREATMENT reporting requirements and definitions in sections 626.557 and 626.5572_____: the license holder's program abuse prevention plan_____; all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services_____;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,C	specific training covering the facility's policies for obtaining client releases of information required by 626.557, Subd. 3a,(a); AND					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 2,C and 626.556,	All staff with direct client contact must be trained every year on mandatory reporting as specified for: Reporting of Maltreatment of Minors; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,C and 626.5561,	Reporting of prenatal exposure to controlled substances.					
	File 1	File 2	File 3	File 4	File 5		
	245A.19, (b)	Annual Training: Inservice training to the HIV Minimum Standards must be provided by the license holder to all staff at least annually.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,A	Training. Every 2 years: the staff person must be trained every two years in: Client confidentiality rules and regulations;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,A	client ethical boundaries;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,B	Emergency procedures (must include behavioral); and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 2,B	client rights as specified in Minnesota Statutes, section 148F.165 and Minnesota Statutes, sections 144.651 (for residential programs) and 253B.03 (for programs that serve committed clients).					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,E	Treatment directors, supervisors, nurses, and counselors must obtain 12 hours of training in co-occurring mental health problems and substance use disorder that includes competencies related to philosophy, screening, assessment, diagnosis and treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. Staff employed by a license holder on the date this rule was adopted (1/1/2005) must obtain the training within 12 months of the date of adoption. New staff, who have not obtained such training must obtain it within 12 months of the rule adoption date or within six months of hire, whichever is later. Credit for prior relevant training obtained prior to January 1, 2005 may be granted by the license holder at staff request.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,A	A staff member, other than a licensed practitioner(physician, physician's assistant, advanced practice registered nurse) or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assistance with self medication must document that the staff member:					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,A,(1)	has successfully completed a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. Completion of the course must be documented in writing and placed in the staff member's personnel file; or					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6435, Subp. 3,A,(2)	was trained according to a formalized training program which is taught by a registered nurse and offered by the license holder. Completion of the course must be documented in writing and placed in the staff member's personnel records; or					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,A,(3)	demonstrated to a registered nurse competency to perform the delegated activity.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6445, Subp. 5	When clients are present at least one of the staff persons on the premises had a current American Red Cross (or equivalent) first aid certificate and at least one staff person on the premises had a current American Red Cross, community, American Heart Association or equivalent CPR certificate. One person with both certificates satisfies this requirement.					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 14,(b),(1)	The license holder shall: provide training to program staff related to their duties in implementing the program's policies and procedures;					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 14,(b),(2)	document the provision of this training; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes	
	245A.04, Subd. 14,(b),(3)	monitor implementation of policies and procedures by program staff.						
	File 1		File 2		File 3		File 4	File 5
		Programs Serving Clients with Children-Staff training requirements						
	245A.1444,	Training on Risk of Sudden Infant Death Syndrome and Shaken Baby Syndrome by Other Programs. A licensed chemical dependency treatment program that serves clients with infants who sleep at the program must document that before program staff persons or volunteers assist in the care of infants, they are instructed on the standards in section 245A.1435_____; and they receive training on reducing the risk of sudden infant death syndrome and shaken baby syndrome_____. (The training conducted under this section may be used to fulfill training requirements under MN Rules 9530.6490, Subp. 4,B.)						
	File 1		File 2		File 3		File 4	File 5
	245A.18, Subd. 2,(b)	EFFECTIVE 1/1/2006 (b) Before a license holder, staff person, caregiver, or helper transports a child or children under age nine in a motor vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.						
	File 1		File 2		File 3		File 4	File 5
	245A.18, Subd. 2,(c)	EFFECTIVE 1/1/2006 (c) Training required under this section must be at least one hour in length, completed at orientation or initial training, and repeated at least once every five years. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age, and the proper installation of a car seat or booster seat in the motor vehicle used by the license holder to transport the child or children.						
	File 1		File 2		File 3		File 4	File 5

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.18, Subd. 2,(d)	EFFECTIVE 1/1/2006 (d) Training under paragraph (c) must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety Web site or by contacting the agency.					
	File 1	File 2	File 3	File 4	File 5		
		All Programs - Personnel File Contents					
	9530.6460, Subp. 3	The license holder must maintain a separate personnel file for each staff person. The personnel file must contain;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 3,A	a completed application for employment signed by the staff member and containing the staff member's qualifications for employment;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 3,C	for staff persons who provided psychotherapy services, employer names and addresses for the past 5 years for which the staff member provided psychotherapy services, and documentation of an inquiry made to those former employers regarding substantiated sexual contact with a client as required by Minnesota Statutes, sections 604.20 to 604.205;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 3, E	documentation of compliance with staff qualifications as required in 9530.6450 and 9530.6485, subpart 2; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 3,F	documentation of compliance with 9530.6435, subpart 3 for staff members who administer medications or assist with self medication.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,C	There was a written annual review of the employee's job performance.					
	File 1	File 2	File 3	File 4	File 5		
		CLIENT RECORDS					
		Requirements at Service Initiation - All Programs					
	Client Information	Record for each file reviewed, the client's name, date of admission, and unit/program.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6470, Subp. 1	Rights: Clients have the rights identified in Minnesota Statutes, section 148F.165(Client Bill of Rights), and Minnesota Statutes, section 253B.03 (committed clients) as applicable (also see P/P section)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 3,A	the client file must contain documentation that the client was given a written statement of client rights and responsibilities, upon service initiation, and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6470, Subp. 1	the staff reviewed the statement with the client.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6470, Subp. 1	Additional Rights: Residential Programs only. Clients in residential programs have the rights identified in Minnesota Statutes 144.651, except subd. 28 and 29.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6470, Subp. 2	Grievance Procedure: Upon service initiation, the license holder must explain the grievance procedure to the client or their representative and document that this explanation was given to the client as required by 9530.6440, subpart 3,A					
	File 1	File 2	File 3	File 4	File 5		
	245A.19, (b)	HIV: the file must document that the client received orientation to the HIV minimum standards within 72 hours of admission to the program.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 3,A	Tuberculosis: there must be documentation in the client record that the client received information on tuberculosis and tuberculosis screening. (Also see 9530.6455, item C)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 1,(c)	Within 24 hours of admission to the program, or 72 hours for persons who would benefit more from a later orientation, each new person receiving services from the program must receive orientation to the following policies and procedures governing maltreatment of vulnerable adults: the internal and external reporting policies, including the telephone number for the Common Entry Point (CEP); AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(a),(4)	The program abuse prevention plan. Documentation of this orientation must be contained in the client record as required by 9530.6440, subp. 3,A.					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 3a,(1)	The license holder must seek consent to the disclosure of suspected maltreatment from the resident, or a guardian, conservator, or legal representative upon the resident's admission (NA Adolescent)					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 3a,(1)	If upon admission the client refused consent for disclosure of suspected maltreatment, and an incident of suspected maltreatment was reported, the mandated reporter immediately sought consent again from the resident to make a report. (NA Adolescent)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6440, Subp. 1	Release of Information: client records were protected against unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164, and if applicable, Minnesota Statutes, chapter 13.					
	File 1	File 2	File 3	File 4		File 5	
		Initial Services Plan - All Programs					
	9530.6440, Subp. 3,B	The file must contain an initial services plan					
	File 1	File 2	File 3	File 4		File 5	
	9530.6420,	The license holder must complete the initial services plan during or immediately following the intake interview that:					
	File 1	File 2	File 3	File 4		File 5	
	9530.6420,	addresses the client's immediate health and safety concerns					
	File 1	File 2	File 3	File 4		File 5	
	9530.6420,	identifies the issues to be addressed in the first treatment sessions; and					
	File 1	File 2	File 3	File 4		File 5	

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6420,	makes treatment suggestions for the client during the time between intake and completion of the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6420,	Includes a determination whether a client is a vulnerable adult as defined in Minnesota Statutes, section 626.5572, subdivision 21. An Individual Abuse Prevention Plan is required for all clients who meet the definition of vulnerable adult.					
	File 1	File 2	File 3	File 4	File 5		
		Individual Abuse Prevention Plan And Or VA Determinations (NA UNDER 18)					
	9530.6440, Subp. 3,E	Information related to determination of vulnerable adult status must be contained in the client's file.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a and 626.5572, Subd. 21	(FOR OUTPATIENT ONLY) Determination of vulnerable adult status. (a) A license holder that provides services to adults who are excluded from the definition of vulnerable adult section 626.5572, Subd. 21, clause (2), must determine whether the person is a vulnerable adult under section 626.5572, Subd. 21, clause (4) as follows:					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	626.5572, Subd. 21,(4)	The person is 18 years of age or older who:_____posseses a physical or mental infirmity or other physical, mental, or emotional dysfunction; _____that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; _____and because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	This determination must be made within 24 hours of: (1) admission to the license program; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(2) any incident that: (i) was reported under section 626.557; or					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(ii) would have been required to be reported under section 626.557, if one or more of the adults involved in the incident had been vulnerable adults.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(b) Upon determining that a person receiving outpatient services is a vulnerable adult under section 626.557, Subd. 21, clause (4), all requirements relative to vulnerable adults under section 626.557 and chapter 245A must be met by the license holder.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 2,(b),(2)	For each vulnerable adult receiving program services an individual abuse prevention plan shall be developed as part of the initial service plan. The plan must be contained in the client's file as required by 9530.6440, subpart 3,E and include					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(b),(1)	an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and self abuse; AND					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(b),(2)	an assessment of the person's risk of abusing other vulnerable adults; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65. Subd. 2,(b),(1) and 626.557, Subd. 14,(b),(3)	a statement of the specific measures that will be taken to minimize the risk of abuse to that person when the individual assessment indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	The measures shall: include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services; AND					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 2,(b),(1)	identify referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services.					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(c)	If the facility knows that the vulnerable adult has committed a violent crime or an act of physical aggression towards others the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. The facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority, a medical record prepared by another facility, another health care provider, or the facility's ongoing assessment of the vulnerable adult.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	When the asesment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP must document this determination.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(2)	The person receiving services shall participate in the development of the IAPP to the full extent of the person's abilities. If applicable the person's legal representative shall be given the opportunity to participate in the development of the plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Additional Client File Requirements - Methadone Programs Only					
	9530.6500, Subp. 6,A	The license holder maintained the original copy of the Central registry information in the client file. This information was submitted once at admission and once at discharge. The information must include full name and all aliases; (Note: see also P/P section)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,B	date of admission;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,C	date of birth;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,D	social security number or INS number, if any;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,E	enrollment status in other current or last known opiate treatment programs;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,F	government-issued photo-identification card number; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6500, Subp. 6,G	driver's license number, if any.					
	File 1	File 2	File 3	File 4	File 5		
		Comprehensive Assessment - All Programs					
	9530.6422, Subp. 1	The Comprehensive Assessment of the client's substance use disorder must be coordinated by an alcohol and drug counselor; and (Note: The counselor may rely on current information provided by a referring agency or other sources as a supplement when information is available. Information gathered more than 45 days before the date of admission is not current.)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 3,C	The comprehensive assessment must be contained in the client record, and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1	completed within three calendar days after service initiation for a residential program or three sessions of the client's initiation of services for all other programs;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1	If not completed in the time specified, the treatment plan must indicate how and when the comprehensive assessment will be completed.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,A	The comprehensive assessment must include information about the client's problems related to chemical use and personal strengths that support recovery including: age, sex, cultural background, sexual orientation, living situation, economic status, and level of education;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,B	Circumstances of service initiation;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,C	previous attempts at treatment for chemical use or dependency, compulsive gambling, or mental illness;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,D	chemical use history including amounts and types of chemicals used, frequency and duration of use, period of abstinence; and circumstances of relapse, if any. For each chemical used within the previous 30 days, the information must include the date and time of the most recent use and any previous experience with withdrawal.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,E	specific problem behaviors exhibited by the client when under the influence of chemicals;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,F	current family status, family history, including history or presence of physical or sexual abuse, level of family support, and chemical use, abuse, or dependency among family members and significant others;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,G	physical concerns or diagnoses, the severity of the concerns, and whether or not the concerns are being addressed by a health care professional					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,H	mental health history and current psychiatric status, including symptoms, disability, current treatment supports, and psychotropic medications needed to maintain stability.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,I	arrests and legal interventions related to chemical use;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,J	ability to function appropriately in a work and educational setting;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,K	ability to understand written treatment materials, including rules and client rights;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,L	risk-taking behavior, including behavior that puts the client at risk of exposure to blood borne or sexually transmitted diseases;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,M	social network in relation to expected support for recovery and leisure time activities that have been associated with chemical use;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,N	whether the client is pregnant and if so, the health of the unborn child and current involvement in prenatal care					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,O	whether the client recognizes problems related to substance use and is willing to follow treatment recommendations.					
File 1	File 2	File 3	File 4	File 5			
		Assessment Summary - All Programs					
	9530.6422, Subp. 2	Non-residential programs: An assessment summary must be prepared within three treatment sessions of service initiation.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2	Residential Programs only - An assessment summary must be prepared within three calendar days of service initiation.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6440, Subp. 3,D	The assessment summary must be contained in the client file.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,A	The assessment summary must be prepared by an alcohol and drug counselor and include: (Note: may be prepared by intern and co-signed by ADC)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,A,(1)	a risk description according to 9530.6622 for each dimension listed in item B					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,A,(2)	narrative supporting the risk descriptions; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,A,(3)	a determination of whether the client meets the DSM criteria for a person with a substance use disorder; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B	Information relevant to treatment planning and recorded in the dimensions in subitems (1) to (6):					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 2,B,(1)	Dimension 1, acute intoxication/withdrawal potential. The license holder must consider the client's ability to cope with withdrawal symptoms and current state of intoxication.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(2)	Dimension 2, biomedical conditions and complications. The license holder must consider the degree to which any physical disorder would interfere with treatment for substance abuse, and the client's ability to tolerate any related discomfort. The license holder must determine the impact of continued chemical use on the unborn child if the client is pregnant.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(3)	Dimension 3, emotional, behavioral, and cognitive conditions and complications. The license holder must determine the degree to which any condition or complications are likely to interfere with treatment for substance abuse or with functioning in significant life areas, and the likelihood of risk of harm to self or others.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(4)	Dimension 4, readiness for change. The license holder must also consider the amount of support and encouragement necessary to keep the client involved in treatment.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 2,B,(5)	Dimension 5, relapse, continued use, and continued problem potential. The license holder must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(6)	Dimension 6, recovery environment. The license holder must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery.					
	File 1	File 2	File 3	File 4	File 5		
		Individual Treatment Plans - All Programs					
	9530.6425, Subp. 1	General: The Individual treatment plan must be completed within seven calendar days of completion of the assessment summary (The individual treatment plan must be contained in the client record as required by 9530.6440, subp. 3,F);					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, subp. 1	and continually updated, based on new information gathered about the client's condition and on whether planned treatment interventions have had the intended effect.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	Treatment planning must include ongoing assessment in each of the six dimensions according to part 9530.6422, subpart 2.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 1	The plan must be developed after completion of the comprehensive assessment and is subject to amendment until services to the client are terminated.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	The plan must provide for the involvement of the client's family and those people selected by the client as being important to the success of the treatment experience at the earliest opportunity, consistent with the client's treatment needs and written consent.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	The client must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	The individual treatment plan must be signed by the client; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	the alcohol and drug counselor.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 2	Plan contents: An individual treatment plan must be recorded in the six dimensions listed in part 9530.6422, subp. 2, B, and address each problem identified in the assessment summary, and include:					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 2,A	specific methods to be used to address identified problems, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths; (NOTE: the treatment plan must identify how each of the treatment services required in 9530.6430, subp.1, and any of the additional treatment services listed in 9530.6430, subp.2 are provided.)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 2,B	resources to which the client is being referred for problems when the problems are to be addressed concurrently by another provider; and					
	File 1	File 2	File 3	File 4	File 5		
	Variance to MN Rules part 9530.6425, subp. 2, C	METHADONE PROGRAMS-STANDARD VARIANCE: Treatment plan contents for maintenance clients are not required to include goals the client must reach to complete treatment and have services terminated. Treatment plans for clients in a taper or detox status will not be varied. They must include goals the client must reach to complete treatment and have services terminated.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 2,C	goals the client must reach to complete treatment and have services terminated.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Additional Documentation of Services - Programs Serving Adolescents					
	9530.6485, Subp. 4	Academic program requirements: Clients who are required to attend school must be enrolled and attending an educational program approved by the Minnesota Department of Education.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6485, Subp. 5,A	In addition to the requirements specified in the client's treatment plan under part 9530.6425, programs serving adolescents must include the following: coordination with the school system to address the client's academic needs;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6485, Subp. 5,B	when appropriate, a plan that addresses the client's leisure activities without chemical use; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6485, Subp. 5,C	a plan that addresses family involvement in the adolescent's treatment.					
	File 1	File 2	File 3	File 4	File 5		
		MH/CD Programs - Additional Treatment Plan Content Requirements					
	9530.6495, Subp. E	There was documentation of active interventions to stabilize mental health symptoms present in treatment plans and progress notes.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6495, Subp. F	The license holder had continuing documentation of collaboration with continuing care mental health providers and involvement of those providers in treatment planning meetings.					
	File 1	File 2	File 3	File 4	File 5		
		Methadone Programs - Standard Variance Progress Notes and Plan Review Timelines					
	Variance to MN Rules, part 9530.6425, subpart 3, item A	Progress notes must occur at least weekly, and be recorded in each of the six dimensions for the initial ten (10) weeks after admission for all new admissions, re-admissions and transfers. Subsequently, the counselor must document progress no less than one time monthly, recorded in the six dimensions, or when clinical need warrants more frequent notation.					
	File 1	File 2	File 3	File 4	File 5		
	Variance to MN Rules part 9530.6425, subpart 3, item B	Treatment plan reviews must occur weekly, or after each treatment service, whichever is less frequent, for the first ten (10) weeks of treatment for all new admissions, re-admissions and transfers. Following the first ten weeks of treatment, treatment plan reviews may occur monthly unless the client has clinical needs that warrant more frequent revision(s) or documentation.					
	File 1	File 2	File 3	File 4	File 5		
	Variance to MN Rules parts 9530.6425, Subp. 3, A and 9530.6430, Subp. 1	Progress notes must contain documentation of the type and amount of each treatment service the client has received or the counselor's attempts to encourage participation. (All treatment services identified in 9530.6430, subpart 1 must be offered. Counselors must encourage attendance in all services.)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Progress Notes and Plan Review - All Programs					
	9530.6425, Subp. 3,A	Progress Notes must reference the treatment plan and be entered in the client's file weekly or after each treatment service, whichever is less frequent, by the person providing the service. Progress notes must be recorded and address each of the six dimensions listed in 9530.6422, subpart 2, B. (Note: also see requirement 9530.6440, subp. 3, G)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(1)	Progress Notes must be entered immediately following any significant event that has an impact on the client's relationship with other clients, staff, client's family, or the client's treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(2)	Progress Notes must indicate the type and amount of each treatment service the client has received;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(3)	Progress Notes must include monitoring of any physical and mental health problems; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(4)	Progress Notes must document the participation of others; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 3,A,(5)	Progress Notes must document that the client has been notified of each treatment plan change and whether or not the client agrees with the change.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(1)	Treatment Plan Review must: occur weekly or after each treatment service, whichever is less frequent;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(2)	address each goal in the treatment plan that has been worked on since the last review; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(3)	address whether the strategies to address the goals are effective, and if not, must include the changes to the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(4)	Include a review and evaluation of the individual abuse prevention plan according to Minnesota Statutes, 245A.65 which requires that the interdisciplinary team shall review and evaluate the IAPP as part of the treatment plan review, using the individual assessment and any reports of abuse relating to this person. The plan shall be revised to reflect the review of the review.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Health Care - Programs providing Medication Administration or Assistance with Self Medication					
	9530.6435, Subp. 3,B,(2)	The client's file must include documentation indicating whether staff will be administering medication or the client will be doing self-administration, or a combination of both.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,B,(7)	The client's use of medication must be recorded, including staff signatures with date and time.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,B,(8)	The guidelines were followed for informing a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions, or errors.					
	File 1	File 2	File 3	File 4	File 5		
		Additional Health Care Requirements - Programs serving Clients with Children whose services include Medication Administration or Assistance with self-medication					
	9530.6435, Subp. 3,B,(6)	If the license holder services clients who are parents with children, the parent may only administer medication to the child under staff supervision.					
	File 1	File 2	File 3	File 4	File 5		
		Residential Treatment Programs - Additional Health Care Requirements					
	9530.6505, Subp. 7	Health Services: The health of each resident must be assessed and monitored, and health related information about each client must be collected on a standardized data collection tool.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Client Property Management					
	245A.04, Subd. 13,(a)	The license holder must ensure that persons served by the program retain the use and availability of personal funds and property unless restrictions are justified in the person's individual plan.					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 13, (b)	The license holder ensured separation of funds of persons served by the program from funds of the license holder, the program, or program staff.					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 13,(c), (1)	Whenever the license holder assists a person served by the program with the safekeeping of funds or other property, the license holder must: immediately document receipt and disbursement of the person's funds or other property at the time of receipt or disbursement, including the person's signature, or the signature of the conservator or payee; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 13, (c), (2)	return to the person upon the person's request, funds and property in the license holder's possession subject to restrictions in the person's treatment plan, as soon as possible, but no later than three working days after the date of request.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		Summary at Termination of Services - All Programs					
	9530.6425, Subp. 4	An alcohol and drug counselor must write a discharge summary for each client that is completed within five days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier. The summary at termination of services must be contained in the client file as required by 9530.6440, subpart 3,H.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(1)	The summary at termination of services must be recorded in the six dimensions listed in 9530.6422, subpart 2, B and include the following information: client's problems, strengths, and needs while participating in treatment, including services provided;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(2)	the client's progress toward achieving each of the goals identified in the individual treatment plan; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(3)	the reasons for and circumstances of service termination.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(4)	risk description according to part 9530.6622					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 4,B,(1)	For clients who successfully complete treatment, the summary must also include: living arrangements upon discharge;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(2)	continuing care recommendations, including referrals made with specific attention to continuity of care for mental health problems, as needed;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(3)	service termination diagnosis; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(4)	the client's prognosis.					
	File 1	File 2	File 3	File 4	File 5		
		Record Keeping Requirements - All Programs					
	9530.6425, Subp. 3,C	All entries in the client record must be legible, signed, and dated.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,C	Late entries must be clearly labeled, "late entry."					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement			Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 3,C	Corrections to an entry must be made in a way in which the original entry can still be read.							
	File 1	File 2	File 3		File 4			File 5	